I hereby certify that this paper or the is being deposited with the United States Posts Service "Express Mail Post Office to Addresses: service under 37 CFR 1.10 on the date indicated Patent above and is addressed to the Assistant Commissioner for Trademarks" ttorney's Docket No. 000475-205 Trademarks" (Typed or printed, name of person mailing paper or fee) IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED (Signature of person mailing paper or fee) OCT 2 8 2002 In re Patent Application of TECH CENTER 1600/2900 Harrison, et al. Group Art Unit: 1641 Application No.: 08/858,087 Examiner: Chin, Christopher L. Filed: May 16, 1997 Confirmation No.: 4960 For: MICROFLUIDIC SYSTEM AND METHODS OF USE AMENDMENT/REPLY TRANSMITTAL LETTER Assistant Commissioner for Patents Washington, D.C. 20231 Sir: Enclosed is a reply for the above-identified patent application. [X]A Petition for Extension of Time is also enclosed. [X]A Terminal Disclaimer and a check for [] \$55.00 (2814) [X] \$110.00 (1814) to cover the requisite Government fee are also enclosed. [X] Also enclosed is copy of assignment and Notice of Appeal Small entity status is hereby claimed. [] [] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (2801) [] \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e). [] Applicant(s) previously submitted ____, on ____, for which continued examination is requested. Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

[X]

No additional claim fee is required.

[] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =	1	× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds mu	ltiple depend	lent claims, add \$28	30.00 (1203)		·
Total Amendment Fee					
If small entity status is	claimed, sub	tract 50% of Total	Amendment F	ee	

[X]	A check in the amount of \$	1,350.00	is enclosed.	(\$110	Terminal	Disclaimer,	\$320
	Notice of Appeal, \$920 3-mo	onth Extensio	n of Time)				

_	_				
ſ	1	Charge \$	to Deposit	Account No.	02-4800
L	J		to Duposit	110000	· · · · · · · · · · · · · · · · · · ·

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

David R. Heckadon Registration No. 50,184

P.O. Box 1404 Alexandria, Virginia 22313-1404 (650) 622-2300

Date: October 21, 2002